



FAIRFAX-FALLS CHURCH CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE BLUEPRINT FOR 2016 - 2019

**PRESENTATION TO THE SCYPT
APRIL 6, 2016**

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Children's Behavioral Health System of Care Blueprint

The Blueprint

- ▶ Continuum from prevention to intensive intervention
- ▶ Identifies goals, strategies, actions steps and metrics
- ▶ Four year plan: 2016-2019

Overview

The Children's Behavioral Health System of Care Blueprint is for calendar years 2016 through 2019, and fiscal years 2017, 2018, and 2019. Goals and strategies will be implemented by Fairfax County human services departments and Fairfax County Public Schools, with the support and leadership of family and consumer organizations, other non-profit agencies, and service providers in the community.

SCYPT Shared Community Outcome

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Children and youth are socially, emotionally, and behaviorally healthy and resilient.

Prevalence of Behavioral Health Issues

1 in 5 children
(20%)

46.3% lifetime
prevalence
(13-18 year olds)

Only **half**
receive
treatment

Rates of
treatment vary
with disorder

Fairfax County

Children & Youth

186,000

Enrollment FCPS

Following
National Statistics

- **36,000** with diagnosable condition
- **3,960** with significant impairment
- **1,800** with extreme functional impairment

Youth Survey

Report Issues with:

- Depression
- Suicide
- Substance Abuse

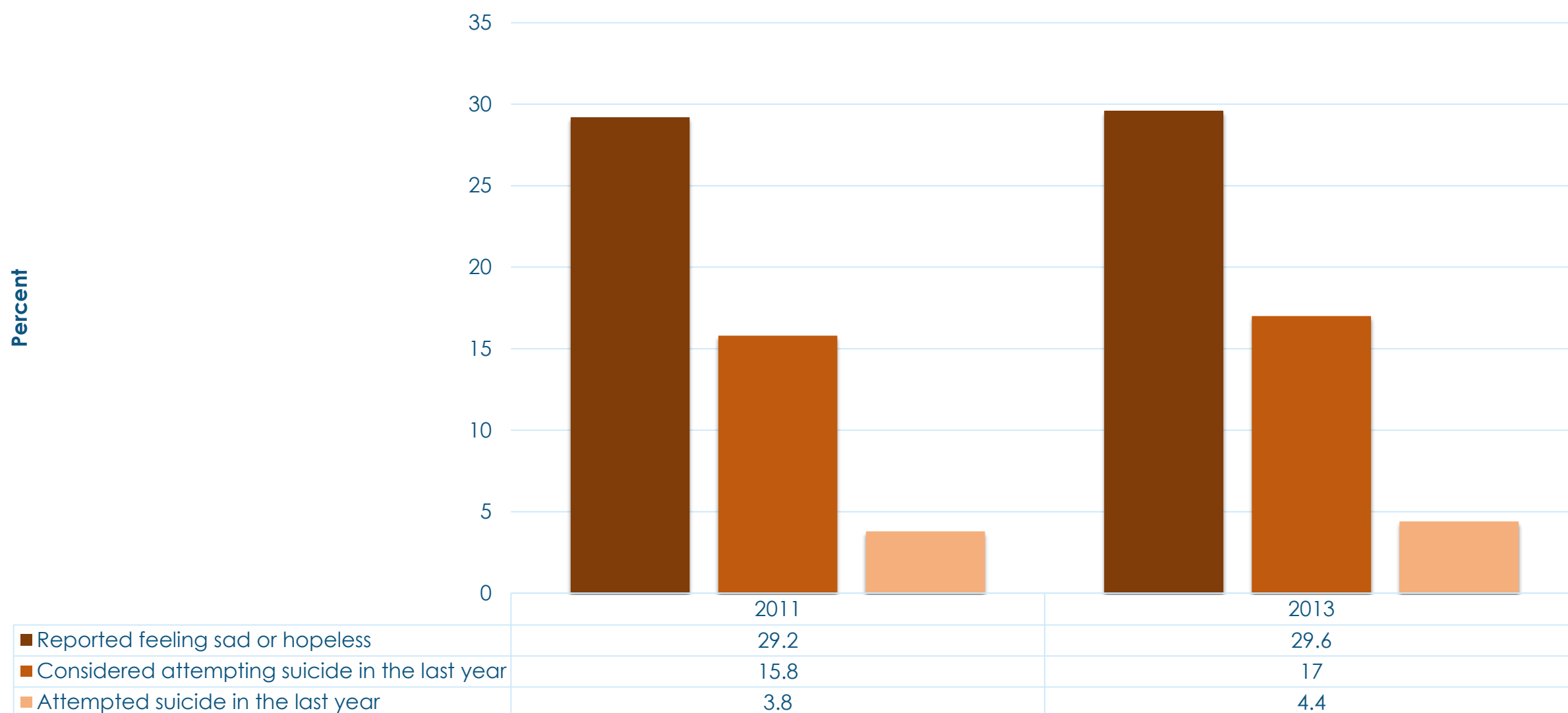
Access Issues

- Shortage of Pediatric Psychiatrists
- Insurance and Payor Issues
- Language and Culture

Youth Survey Data

Select Behavioral Health (depressive symptoms, suicidal ideation, attempted suicide)

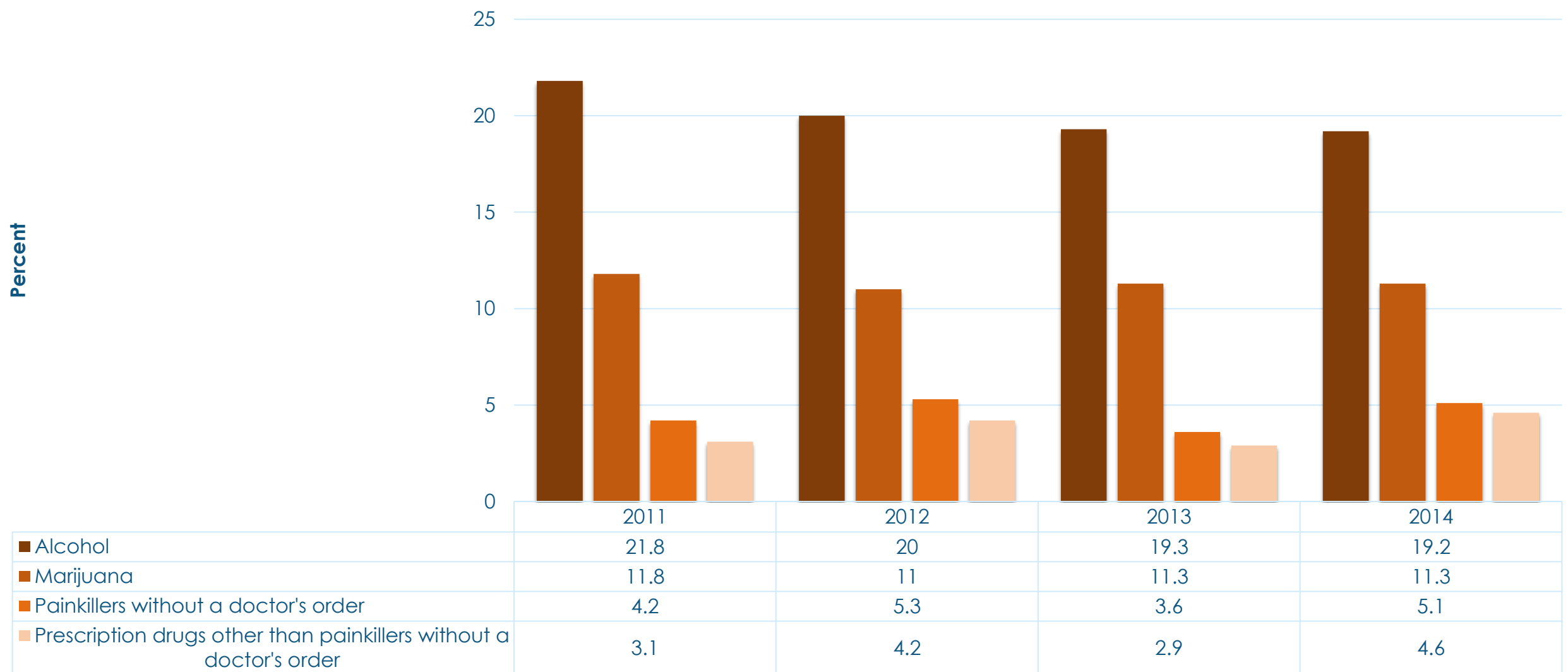
Percentage of students reporting depressive symptoms/suicidal ideation/suicidal behavior within the last year, 2011 and 2013



Youth Survey Data

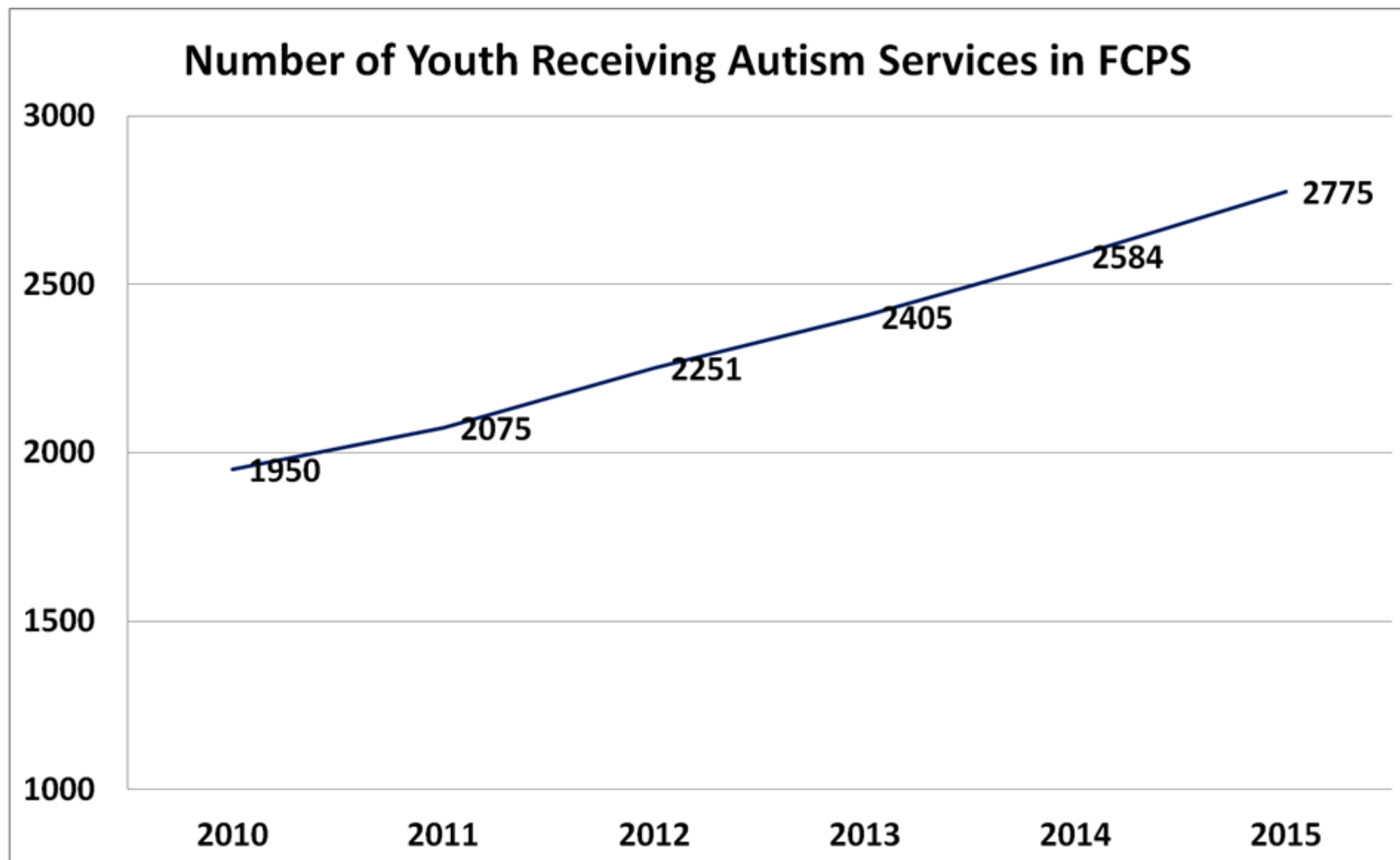
Select Substance Use (alcohol, marijuana, painkillers, other prescription drugs)

Percentage of students reporting substance use within the past 30 days, 2011-2014



Indicator: Rise in Autism Spectrum Disorder

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The Services Landscape

- ▶ Over 1,500 private therapists
- ▶ Eight nonprofit organizations and one public agency (CSB) that provide outpatient treatment on a sliding fee scale
- ▶ Twenty-two intensive in-home services providers
- ▶ Twenty Applied behavioral analysis providers
- ▶ Two private and one public intensive outpatient or day treatment providers
- ▶ Five private and one public substance abuse services provider
- ▶ Two crisis stabilization programs
- ▶ Seven hospitals
- ▶ 18 group homes and 12 residential treatment centers within 100 miles

Primary Public Services

FCPS

- Short term cognitive behavior therapy
- School functioning
- Behavior Assessments & Intervention Plans
- Psychiatric homebound case management
- Transition back to school

CSB

- Outpatient therapy for children, youth & families
- Medication management
- Behavioral health assessment, evaluation and counseling for court involved youth
- Emergency Services and Crisis Intervention
- Intensive Services

Meeting the Challenge

A Response that is:

- Intentional
- Strategic
- Coordinated



Coordinating the Initiative:

The Community Policy and Management Team

Membership:

- ▶ Directors of Juvenile and Domestic Relations District Court, Community Services Board, Family Services, Neighborhood and Community Services, Health Department, Administration for Human Services
- ▶ Deputy County Executive for Human Services (Chair)
- ▶ FCPS Special Services, Special Education Procedural Support, Intervention and Prevention Services
- ▶ City of Falls Church Public Schools and Human Services
- ▶ City of Fairfax
- ▶ Four parent representatives
- ▶ Two provider representatives

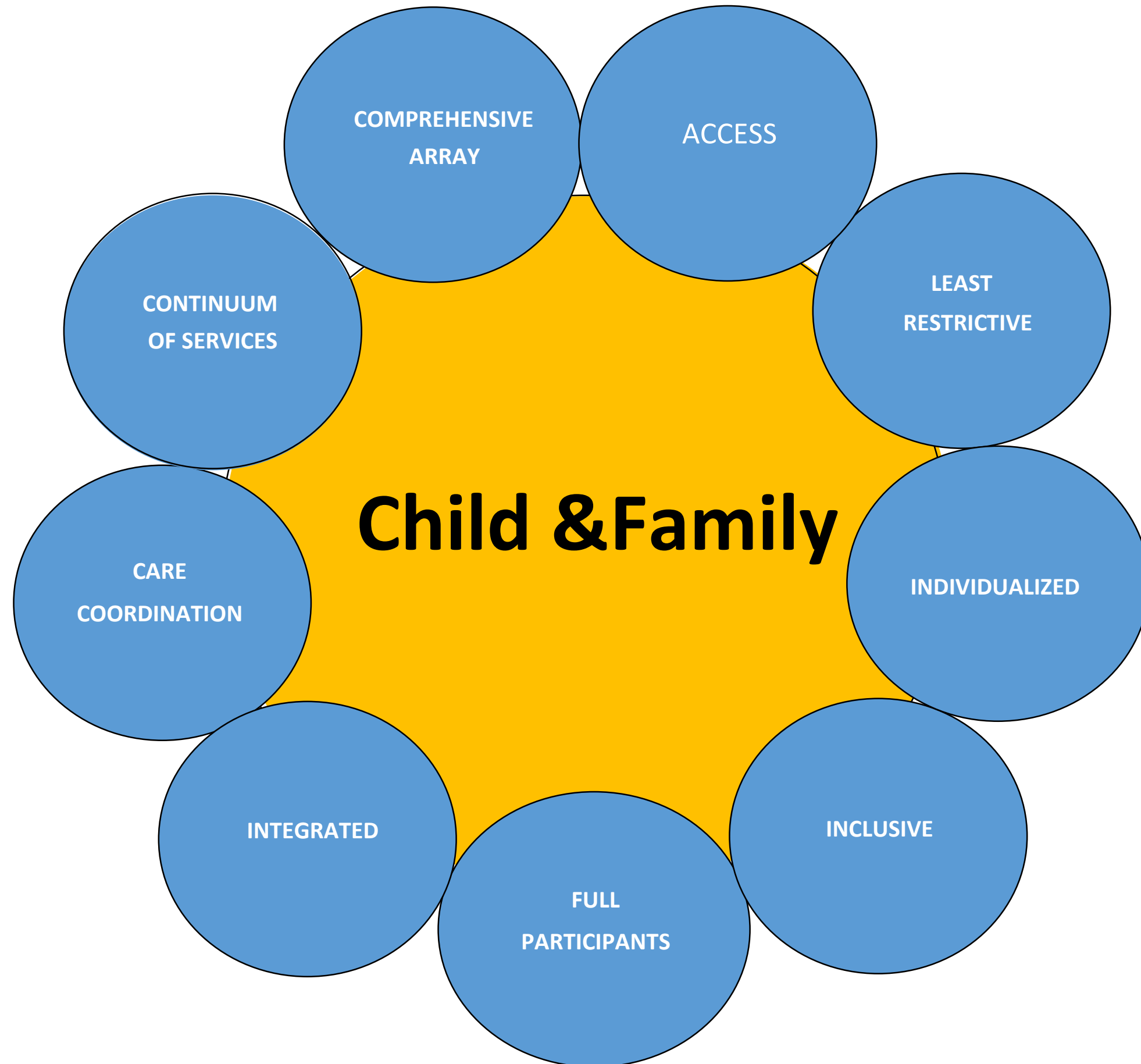
Connections:

Data to inform the Blueprint came primarily from private and community stakeholders with expertise in children's behavioral health; and recent local studies and reports related to children's behavioral health, including:

- ▶ Youth Behavioral Health Interagency Human Services and Public Schools Work Group Reports: September 2013 and May 2014
- ▶ FCPS Strategic Plan
- ▶ CSB Strategic Plan
- ▶ CDC Investigation of Undetermined Risk Factors for Suicide Among Youth Ages 10-24
- ▶ Northern Virginia Suicide Prevention Plan: November 2014
- ▶ Disproportionate Minority Contact for African American and Hispanic Youth: 2012
- ▶ Equitable Growth Profile of Fairfax County: 2015
- ▶ Community Health Improvement Plan: 2013

Service Quality

- ▶ Accessibility: Multiple barriers potentially prevent families from accessing timely and appropriate behavioral health services, including lack of Medicaid providers, an increasing number of private therapists who do not accept insurance, more high deductible/high co-pay plans, and lack of child psychiatrists.
- ▶ Quality: With few exceptions, consumers cannot access data on the quality or effectiveness of behavioral health providers.
- ▶ Coordination: Services for children and youth with the most complex issues are generally well coordinated, but less so for those with serious but less complex issues. There is little coordination between primary and behavioral health care.
- ▶ Effectiveness: Although little data is available, it appears that most providers do not use evidence-based treatments.



Blueprint Strategies: Access to Services

- ▶ Implement targeted strategies to address disparities in outcomes and access
- ▶ Increase access & availability to behavioral health services for underserved populations
- ▶ Identify the main access barriers & address them
- ▶ Develop outreach campaign to promote early identification and awareness of youth with DD/Autism

Blueprint Strategies: Individualized and Inclusive Services

- ▶ Increase services offered in languages other than English
- ▶ Develop policy & procedures to require trainings for staff & County contracted providers in cultural competency
- ▶ Train County, school and contracted behavioral health providers in evidence-based practices.

Blueprint Strategies: Full Family Participation

- ▶ Involve family and youth in the development of new services and supports, and the evaluation of services
- ▶ Conduct gatekeeper trainings to increase the layperson's understanding of trauma and mental illness, signs and symptoms and how to offer support in accessing help
- ▶ Promote youth-led initiatives to combat stigma
- ▶ Create a Family Navigator program
- ▶ Promote mental health discussion within local ethnic communities

Blueprint Strategies: Integrated Care and Coordination

- ▶ Create a clearinghouse for information on children's behavioral health issues & resources, accessible on line & in person
- ▶ Provide behavioral health consultation to primary care providers
- ▶ Promote integration of behavioral health and primary health care settings

Blueprint Strategies: Continuum of Services from Birth to Adulthood

- ▶ Conduct a needs assessment, service inventory and gap assessment for youth with Developmental Disabilities and/or Autism
- ▶ Develop a plan to address the critical service gaps
- ▶ Improve transition planning for children with intellectual disabilities
- ▶ Create capacity to address behavioral health needs of children 0-7
- ▶ Ensure access to crisis stabilization, case management, care coordination services for youth with DD/Autism

Blueprint Strategies: Comprehensive Array of Services

- ▶ Develop guidelines for service providers on availability & the effective use of crisis services
- ▶ Increase clinical capacity to meet the needs for trauma specific, evidence-based interventions
- ▶ Implement evidence-based parenting programs for parents of adolescents and children under 12
- ▶ Increase staffing for intensive care coordination & case management

Policy Priorities for FY17

- ▶ Adopt Culturally & Linguistically Appropriate Services (CLAS) Standards among behavioral health providers
- ▶ Require cultural competency training for County, FCPS and County-contracted providers
- ▶ Identify and require relevant trainings for the unique needs of LGBTQ youth with behavioral health needs
- ▶ Increase the presence & effectiveness of family leadership through partnering with family organizations

Service/Funding Priorities for FY17

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- ▶ Crisis Textline: \$96,000
- ▶ Family Navigator Services: \$409,000
- ▶ Expansion of Short-term Outpatient Treatment Services: \$555,000
- ▶ Child Psychiatry: \$175,000 - \$245,000

Administrative Priorities for FY17

- ▶ Explore ways to maximize Medicaid funding
- ▶ Explore ways to share student data and service information
- ▶ Develop an accurate, accessible real-time database of behavioral health care providers

Next Steps and Recommendations

- ▶ That the SCYPT endorse the Children's Behavioral Health System of Care Blueprint
- ▶ That the Community Policy and Management Team develop and implement an FY 2017 Action Plan based on the Blueprint
- ▶ That the Blueprint be reviewed and revised at least annually by the CPMT and the SCYPT.
- ▶ That the CPMT return to the SCYPT in the Fall with FY 2018 service/funding priorities.

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